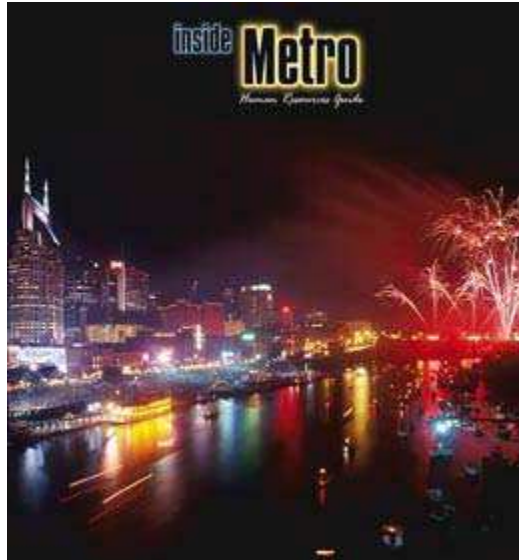


Inside Metro Human Resources Guide Pensioner Handbook



Health Benefits

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About This Document

This document presents an overview of Metro health benefits. It is intended for informational purposes only. If there is a difference between this overview and the official plan documents, the plan documents will govern. For more information, contact Metro Human Resources at (615) 862-6700.

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) requires that your health insurance plan limit the release of your health information to the minimum necessary required for your care, or as outlined in the plan's Privacy Notice. If you have questions about your claims, contact your insurance carrier first. If, after contacting the carrier, you need Metro to assist you with any claim issues, you may be required to provide Metro with written authorization to release information related to your claim.

Your Metro Benefits in Brief

Health benefits help you pay for care to prevent and treat illness and maintain good health.	<ul style="list-style-type: none">• Medical insurance• Dental insurance• Mental health / substance abuse insurance• Optional vision insurance
Income protection benefits replace a portion of your Metro pension if you become too sick or if you die.	<ul style="list-style-type: none">• Basic life insurance• Disability pension• Optional long-term care insurance
Retirement benefits provide you with regular income when you retire from work.	<ul style="list-style-type: none">• Service Pension Plan

The Value of Your Metro Benefits

Benefits are an important part of your total compensation at Metro. The cost of providing them to you amounts to about 25% to 30% of your annual Metro pay. You pay for a portion of your health benefits. On certain other important benefits — such as employee dental, basic life insurance, AD&D insurance, and disability pension — Metro bears the full cost. Metro provides you the opportunity to purchase additional insurance at group rates.

Cost is just one way to measure value. Peace of mind is another. Your Metro benefits can provide you with the protection and security you need at any stage of life, whether you are just beginning your career, starting a family or nearing retirement. However you measure them, your Metro benefits are worth more than you think.

Health Benefits Contacts

Benefit	Website	Phone
Medical Plans (includes Mental Health and Substance Abuse)		
BlueCross BlueShield PPO	www.bcbst.com/members/metro-gov	(800) 367-7790
BlueAdvantage Plus	www.bcbst.com/providers/bcbst-medicare/	(800) 247-8510
CIGNA Choice Fund	www.mycigna.com	(800) 244-6224
Dental Plan		
Delta Dental of Tennessee	www.deltadentaltn.com/metro	(800) 223-3104
Vision Plan		
UnitedHealthcare Vision	www.myuhcvision.com	(800) 638-3120

Highlights of Health Benefits

Metro's goal is to provide pensioners with comprehensive health care coverage at an affordable cost. To address the full range of your health care needs, Metro's health care plan includes four types of coverage — medical (including mental health and substance abuse), dental, and vision.

Eligibility — Pensioners

All full-time Metro retired employees are eligible to enroll in Metro health benefits.

You may also elect health coverage for your eligible dependents. Eligible dependents include your:

- spouse (as legally recognized by the State of Tennessee)
- dependent child(ren) from birth up to age 24 if he/she:
 - is your child by birth, legal adoption, legal guardianship, or your stepchild living with you more than half the time
 - has no other medical insurance through employment
 - is not, nor has ever been, married
 - does not hold a regular, full-time job (32 hours or more per week over a period of time)
- dependent child(ren) over age 24 if coverage under Metro benefits has been continuous and he/she is incapable of employment due to mental or physical disability (contact Human Resources for details)

The following are not eligible for Metro health benefits:

- foster children (placed in the home for care, but not adoption)
- stepchildren who live with you less than half the time
- ex-spouses, except as allowed under COBRA (see COBRA section)
- parents of the employee or spouse

NOTE: No matter which medical plan you choose, mental health and substance abuse benefits are included in your medical premiums for you and, if you choose family coverage, your family. When you enroll in a medical plan, you automatically receive individual dental coverage at no additional cost to you. If you elect family dental coverage, you will pay an additional amount.

Coverage Levels

You may choose from eight levels of medical coverage and two levels of dental and vision coverage:

Medical Coverage Levels	Dental and Vision Coverage Levels
Single — pensioner only without Medicare	Single — pensioner only
Family — pensioner + family (you + one or more dependents)	Family — pensioner + family (you + one or more dependents)
Pensioner with Medicare	
Pensioner and Spouse both with Medicare	
Pensioner with Medicare, Spouse without Medicare	
Pensioner without Medicare, Spouse with Medicare	
Pensioner with Medicare and Child(ren) with or without Medicare	
Pensioner, Spouse and Child(ren) all with Medicare	

Opting Out of Metro's Medical and/or Dental Plan

At retirement, pensioners have the opportunity to continue their enrollment in the medical, dental and/or vision benefits. Pensioners who do not elect to participate at retirement or later opt out may not re-enroll at a future date.

Cost

You and Metro share in the cost of coverage for the medical and dental plans. You pay the entire amount for vision coverage.

Health insurance costs have been rising sharply in recent years. Metro does its best to keep these increases as low as possible without sacrificing quality by closely monitoring the market for healthcare coverage. See your Annual Enrollment Guide for insurance plan rates.

Medicare

Metro requires pensioners and their covered dependents, to take Medicare Part A and Part B as soon as it is first offered by the Social Security Administration. If you or a dependent does not enroll in Medicare when first eligible, the medical claims may be coordinated as if you do have Medicare and you could be responsible for a substantial portion of the claim.

Once you or your dependents receive Medicare Parts A and B, you must provide a copy of the Medicare card or Social Security acknowledgement letter to Human Resources so your premiums may be adjusted.

Metro strongly encourages its pensioners and dependents not to enroll in Medicare Part D. Metro's medical plans include prescription benefit coverage that is equal to or richer than the Medicare Prescription Drug Plan. Because Metro's prescription drug benefits are richer than Medicare Part D, Metro members should not enroll in a Medicare Part D plan. Enrolling in a Part D plan will increase your costs but will not increase your benefits.

Eligible Change in Status

The benefits you choose at Annual Enrollment remain in effect for the entire plan year unless you have an eligible change in status such as:

- marriage or divorce
- death of a covered eligible dependent
- birth or adoption of a child
- change in job status for your spouse

Within 60 calendar days of an eligible change in status, you may:

- change current benefit options, where eligible, or
- change current coverage levels, or
- add or drop eligible dependents to/from coverage

Pensioners must add dependent(s) before the 60-day deadline. Pensioner dependents cannot be added later, even during Annual Enrollment.

For a complete list of eligible changes in family status and instructions on changing your benefit elections, contact Metro Human Resources at (615) 862-6700.

Adding or Dropping Dependent Coverage

When you have an eligible change in status and need to add or drop dependent coverage, you must notify Metro Human Resources and provide documentation of

the event within 60 days. Documentation to support the eligible change in status may include a birth certificate, marriage license, or a letter from your spouse's employer or insurance carrier.

For example, when your child becomes ineligible under the plan at age 24 (or age 18 if fully employed), it's your responsibility to inform Human Resources right away and drop his/her coverage.

It is especially important to notify Human Resources if you get a divorce. Otherwise, you will be responsible for repaying claims your former spouse might incur if he/she continues to use the plan after the divorce.

When you add or drop dependent coverage, you may also want to update your beneficiary information.

Dependent Coverage Under Another Plan

Regardless of which medical plan you elect, you must notify your insurance carrier — BlueCross BlueShield or CIGNA— if your spouse or other covered dependent receives health coverage outside of Metro's plan (for example, through an insurance plan at work or by qualifying for Medicare).

If your dependent has coverage elsewhere, including Medicare, a process called coordination of benefits (COB) comes into play. COB simply means that benefits are coordinated between your dependent's coverage under your Metro plan and another plan. This process ensures that benefit payments are not duplicated and helps hold down the rising cost of health insurance.

When Coverage Ends

In general, your Metro health benefits end when you die or opt out of the plan.

Health Care Insurance for Pensioners

While on a service pension, you can change health care plans during Annual Enrollment. However, you may only add or delete dependents within 60 days of an eligible change in status (see "Eligible Change in Status" above).

NOTE: If you decline health care coverage at the time you retire, you cannot elect it at a later date.

Continuation of Coverage Under COBRA

If you or your dependents should lose your eligibility for health care coverage for certain reasons, you will be allowed to continue coverage for a certain period of time thanks to a federal law known as COBRA. Your spouse and children have the right to continue coverage even if you do not elect to continue your own.

You or your dependents are eligible for COBRA continuation if coverage ends because:

- you die
- you get divorced (notify Human Resources within 60 days)
- your dependent child becomes ineligible for coverage (notify Human Resources within 60 days)

If you or your dependents lose eligibility for coverage due to one of the first three qualifying events, Metro's COBRA administrator will notify you, your spouse or dependent children of the right to continue coverage under COBRA.

If coverage is lost because you get divorced or because your dependent child becomes ineligible, you must notify Human Resources within 60 days and request COBRA coverage.

Metro does not pay for coverage under COBRA. You or your dependent pay 100% of the cost, plus a 2% administration fee.

Medical Benefits

<i>FAST FACTS</i> about Your Health Care Benefits	
Eligibility	Pensioners and their eligible dependents.
Coverage Levels	<ul style="list-style-type: none">• Single, family and Medicare rates
Plan Options	<ul style="list-style-type: none">• BCBS PPO• BCBS BlueAdvantage Plus• CIGNA Choice Fund
Highlights	<ul style="list-style-type: none">• Medical and surgical benefits• Pharmacy benefits• Mental health and substance abuse benefits
Cost	Metro pays 75% of the cost; you pay the rest.

Coverage

The medical coverage offered by Metro is designed to protect you and your family in the event of illness or injury that brings costly, and often unexpected, health care expenses. With three medical options to choose from, you have the flexibility to select the approach that best suits your needs.

Choosing Coverage

Only you can decide which type of plan is right for you and your family. Be sure to read all plan information carefully. To help you evaluate your options, consider the four “C’s” of choosing coverage:

- **Cost** — Premiums are not your only expense. Consider all plan costs, including deductibles, copays, coinsurance and out-of-pocket maximums.
- **Coverage** — Some plans cover certain services, while other plans may not.
- **Coordination of care** — Under CIGNA Choice Fund and the PPO, responsibility for coordinating your care falls on you. You may have to find your own specialist and coordinate care between your doctors.
- **Choice of physicians** — In the BCBS PPO and CIGNA Choice Fund, you can choose a doctor inside or outside of the network. However, if you go outside the network, your benefits will be lower and you will pay more for

out-of-network services. In the BlueAdvantage Plus, you must choose a doctor or hospital that accepts the plan's terms and conditions.

Women's Health Provisions

No matter which medical plan option you choose, your hospital coverage for childbirth will be for the same minimum number of days, as required by federal law.

- If your baby is delivered vaginally, you may stay in the hospital at least 48 hours (two days) after the birth.
- If you have a cesarean section, you may stay in the hospital at least 96 hours (four days) after the birth.
- If the attending physician believes you need a longer stay, you may receive benefits for additional days if your doctor obtains pre-authorization from the insurance company. On the other hand, if you and your doctor agree that, in your case, the minimum number of days is not necessary, you may be released from the hospital earlier.

Under the Women's Health and Cancer Rights Act of 1998, all health plans that provide mastectomy coverage are also required to provide coverage for:

- reconstruction of the breast on which the mastectomy has been performed
- surgery and reconstruction of the other breast to produce symmetrical (balanced) appearance
- prostheses (artificial replacements) and physical complications at all stages of the mastectomy, including lymphodemas

Your ID Card

No matter which medical plan option you elect, you and each covered family member will receive a member identification (ID) card from the plan. Carry the card in your purse or wallet at all times. When you go to a doctor or hospital, show the card to the receptionist before you receive treatment.

Subrogation

If you or your dependent receives benefits under Metro's health plan as a result of an injury or illness caused by another person, Metro has the right to recover payment from that person and his/her insurer. This "subrogation right" applies to all payments made by Metro's plan for related medical services.

You or your dependent may be asked to provide information and otherwise help in the recovery process. If you fail to do so, or if you settle a claim without the written consent of Metro's plan administrator, you will be responsible for paying any attorneys' fees and court costs incurred in the recovery process.

BlueCross BlueShield PPO Plan

As a member of the BCBS PPO, you have great flexibility to choose your physician or other health care provider. Each time you need care, you may choose to receive services from a:

- PPO provider (in the Blue Network P)
- Non-PPO provider (outside of the Blue Network P)

The Blue Network P is a group of health care professionals that have agreed to special pricing arrangements for BCBS plan participants. Blue Network P providers also agree to follow guidelines that, where medically appropriate, encourage the use of alternatives to costly hospitalization.

For detailed information on how the PPO plan works and what services are covered, contact Blue Cross BlueShield of Tennessee.

In-Network Benefits

To receive maximum plan benefits, you should choose a provider who participates in the Blue Network P. Although in-network providers are listed in the directory published by the plan, it is important that you call the provider before you receive care and verify that he/she participates in Blue Network P.

Key Features of BCBS IN-NETWORK Services	
Annual deductible	None
Coverage level (for most services)	80% after \$10 copay
Annual out-of-pocket maximum	\$1,000 single; \$2,000 family
Maximum lifetime benefit	None
Claim filing	None

Physician Visits

For office visits to physicians, your copay is \$10 per visit — both in and out of the network. After your copayment, office visits are covered at 80% in-network and at 60% of approved charges outside the network.

Prescription Drug Coverage

Prescription drug coverage for the PPO Plan is provided by BlueCross BlueShield and is available through most retail pharmacies or home delivery.

Out-of-Network Benefits

If you receive care from a provider outside of Blue Network P, you will still receive benefits, but at a lower level.

Key Features of BCBS OUT-OF-NETWORK Services	
Annual deductible	\$200 individual; \$600 family
Coverage level (for most services)	60% of approved charges after \$10 copay
Annual out-of-pocket maximum	\$5,000 single; \$10,000 family
Maximum lifetime benefit	\$1 million
Claim filing	You may be required to pay the entire bill up front and file for reimbursement.

Getting the Most from Your PPO

There are a number of other steps you can take to become an informed PPO “consumer.” In using your plan, be sure to:

- **Select a family doctor** — Even though the PPO doesn’t require you to choose a primary care physician, you should have a family doctor for general health care. It’s a good idea to contact your family doctor before you seek treatment from a specialist, especially if you are unsure about what type of physician you need. When you do go to a specialist, keep your family doctor informed of other care you are receiving. By following these guidelines, you can help avoid unnecessary treatment and duplicate services.
- **Request generic drugs whenever available** — Otherwise, in most cases, you’ll pay a higher price.
- **Take an active role** — Don’t assume that your providers are always right about your treatment or coverage. Ask questions and follow up to ensure that the process is working properly.

BlueAdvantage PLUS Plan

BlueAdvantage Plus plan is offered by BlueCross BlueShield of Tennessee and is a Medicare Advantage Private Fee-For-Service organization. This is not a Medicare Supplement plan. BlueAdvantage Plus is only available to pensioners and their covered dependents that have Medicare Part A and Part B coverage.

Selecting a Health Care Provider

With BlueAdvantage Plus, you are free to seek care from any health care provider that accepts Medicare payments and the terms, conditions and payment rates of the BlueAdvantage Plus plan. There is no limited provider network. However, you must present your BlueAdvantage Plus ID card before you receive services. Check with your doctors to see if they accept BlueAdvantage Plus.

Provider Accepts BlueAdvantage Plus

If your provider decides to accept BlueAdvantage Plus, the provider must bill BlueCross BlueShield of Tennessee for those services. As stated above. If your provider does not accept the Medicare payment in full from Original Medicare, you may be charged more for Medicare-covered services, up to the Medicare Limiting Charge. You will be responsible for these excess charges.

Provider Does Not Accept BlueAdvantage Plus

If your provider does not accept BlueAdvantage Plus, you must select another provider.

Pharmacy Coverage

This plan has a drug formulary and covers most drugs. Please check BlueCross BlueShield to find out if your drugs are covered.

For a complete list of the benefits of this Plan, contact BlueCross BlueShield of Tennessee and ask for the “Evidence of Coverage.”

CIGNA Choice Fund

As a member of the CIGNA Choice Fund, you have flexibility to choose your physician or other health care provider. Each time you need care, you may choose to receive services from a:

- CIGNA Choice Fund provider (in the Open Access Plus Network)
- Non-CIGNA Choice Fund provider (outside of the Open Access Plus Network)

The Open Access Plus network is a group of health care professionals that have agreed to special pricing arrangements for CIGNA Choice Fund participants. Open Access Plus providers also agree to follow guidelines that, where medically appropriate, encourage the use of alternatives to costly hospitalization.

How CIGNA Choice Fund Works - For pensioners who are not eligible for Medicare Part A and Part B

CIGNA Choice Fund combines a medical plan with a fund called the Health Reimbursement Arrangement (HRA). The fund is set up by Metro to help you pay for eligible medical and pharmacy expenses. It is important that you plan carefully for any medical expenses you may have throughout the year.

You can also participate in a health assessment and/or several programs and earn additional dollars, referred to as incentives, that Metro will contribute to your HRA.

For detailed information on how the Choice Fund works and what services are covered, contact CIGNA.

Plan Pays 100% After Out-Of-Pocket Maximum		
ANNUAL DEDUCTIBLE	OUT-OF-POCKET	3 Plan Pays 90% Once your deductible is met, the medical plan begins providing coverage for eligible services. This means you and the plan share the cost of eligible health services until you meet your out-of-pocket maximum.
		2 Your Share of Deductible Once you've used the dollars in your health fund, you pay your expenses up to the remaining deductible amount. (YOU MEET THE DEDUCTIBLE)
		1 Health Reimbursement Arrangement (HRA) "Fund" Metro establishes a health fund that can be used to pay for any covered health care expenses during the year. Amounts paid by the fund for eligible health care expenses are applied toward the annual deductible.
		4 Preventive Care Covered 100%

NOTE: The CIGNA Choice Fund works differently if you are a pensioner who is eligible for Medicare Part A and Part B. If you are eligible for Medicare, then Metro does not contribute money to the Health Reimbursement Arrangement fund for you.

In-Network Benefits

To receive maximum plan benefits, you should choose a provider who participates in the Open Access Plus Network. Although in-network providers are listed in the directory published by the plan, it is important that you call the provider before you receive care and verify that he or she participates in Open Access Plus Network.

Key Features of CIGNA Choice Fund IN-NETWORK Services	
Health Reimbursement Arrangement Fund (Metro contributes this only for pensioners not eligible for Medicare)	\$1,100 single; \$2,200 family
Deductible (gap) (You are responsible for paying this amount)	\$400 single; \$800 family
Coinsurance level (for most services)	Plan pays 90% for medical expenses and generic drugs; You pay 10% (For brand name drugs: Plan pays 70%; You pay 30%)
Annual out-of-pocket maximum	\$1,000 single; \$2,000 family
Maximum lifetime benefit	None
Claim filing	None

Physician Visits

When you visit an in-network health care provider, you will present your CIGNA Choice Fund Member ID card. The CIGNA healthcare provider will not collect money from you at the time of service. The provider will bill CIGNA directly. Once CIGNA receives the bill from the provider, CIGNA will send you an Explanation of Benefit (EOB.) The EOB will include the amount paid to your provider, the balance remaining in your CIGNA Choice Fund HRA, and the amount (if any) that you owe to your provider.

- If you have funds remaining in your HRA, CIGNA subtracts the amount owed to the provider from your available HRA funds and sends payment to your provider. You pay nothing.
- If you have used all of your HRA funds, CIGNA will notify you on the EOB and you will be responsible for paying 100% of your medical expenses until you have met your deductible gap.

- If you have met your deductible gap, CIGNA will notify you on the EOB and you will be responsible for paying your 10% share of coinsurance for medical expenses until you have met your annual out-of-pocket maximum.
- If you have met your annual out-of-pocket maximum, CIGNA will notify you on the EOB. CIGNA will pay 100% of your medical expenses and you pay nothing.

Pharmacy Coverage

Once you select a pharmacy that participates in the CIGNA network, you will present your CIGNA Choice Fund Member ID card. The pharmacy determines the amount you owe, if any, for the prescription drug. Pharmacy expenses are deducted from your HRA fund. You will make a payment **ONLY** if there are no dollars remaining in your HRA fund to pay your covered pharmacy expenses or you have not yet met your annual out-of-pocket maximum. **[Pharmacies not participating in the CIGNA network will ask you to pay the full amount of the prescription at the time of purchase. It is your responsibility to file a claim with CIGNA for reimbursement, if you are eligible.]**

- **If you have money in your HRA** – your prescription will be paid 100% by the plan. You pay nothing.
- **If you have used the funds in your HRA and you have not met your share of the deductible** (which is **\$400 single or \$800 family**) – you must pay 100% of the full discounted cost of your prescription at the time of purchase
- **If you have met your share of the deductible** – you pay 10% (of the discounted cost) for generic drugs and 30% (of the discounted cost) for brand name drugs
- **If you have met your annual out-of-pocket maximum** – your prescription will be paid 100% by the plan. You pay nothing.

Discounted Costs – CIGNA has negotiated discount prices of drugs with pharmacies in their network.

Out-of-Network Benefits

Non-CIGNA HealthCare providers may ask you to pay at the time of service.

Key Features of CIGNA Choice Fund OUT-OF-NETWORK Services	
Health Reimbursement Arrangement Fund (Metro contributes this only for pensioners not eligible for Medicare)	\$1,100 single; \$2,200 family
Deductible (gap) (You are responsible for paying this amount)	\$400 single; \$800 family
Coinsurance level (for most services)	Medical expenses and brand name drugs: Plan pays 70% ; You pay 30% Generic drugs: You pay 10%
Annual out-of-pocket maximum	\$5,000 single; \$10,000 family
Maximum lifetime benefit	\$1 million
Claim filing	You may be required to pay the entire bill up front and file for reimbursement.

Getting the Most from Your CIGNA Choice Fund

There are a number of other steps you can take to become an informed Choice Fund “consumer.” In using your plan, be sure to:

- **Select a family doctor** — Even though the Choice Fund doesn’t require you to choose a primary care physician, you should have a family doctor for general health care. It’s a good idea to contact your family doctor before you seek treatment from a specialist, especially if you are unsure about what type of physician you need. When you do go to a specialist, keep your family doctor informed of other care you are receiving. By following these guidelines, you can help avoid unnecessary treatment and duplicate services.
- **Request generic drugs whenever available** — Otherwise, in most cases, you’ll pay a higher price.
- **Take an active role** — Don’t assume that your providers are always right about your treatment or coverage. Ask questions and follow up to ensure that the process is working properly.

MEDICAL GLOSSARY

To help you better understand your medical benefits, here are definitions of some key words and phrases used to describe the plans.

Annual enrollment — The annual period during which you may choose to change your medical coverage level or switch plans for the next plan year.

Annual out-of-pocket maximum — The maximum amount of coinsurance you pay for covered medical and pharmacy expenses in any single calendar year. ***For the PPO Plan:*** once you have paid the out-of-pocket maximum, the PPO pays 100% of expenses (except for plan co-payments, which are still required). Prescription copays do not count toward your out-of-pocket maximum. ***For the CIGNA Choice Fund:*** once you have paid the out-of-pocket maximum, the Choice Fund pays 100% of all medical and pharmacy expenses.

Approved charges — Charges for a medical service, including fee schedules and per diems, determined by BCBS and CIGNA to be reasonable, which are used as the standard for payment of benefits. For out-of-network charges, both the PPO plan and Choice Fund benefits apply as a percentage of those established fees.

Brand-name drugs — Prescription drugs that carry a trademark or brand name. Brand-name drugs may be significantly higher in cost than generic drugs, even though, by law, both must have the equivalent active ingredients.

Coinsurance — When both the plan and the member share the costs of expenses, it is considered coinsurance. ***For the PPO Plan:*** coinsurance is the portion of medical expenses you must pay in addition to your co-payment. ***For the CIGNA Choice Fund:*** coinsurance is the portion of medical and pharmacy expenses that you pay after you have used your HRA fund, and after you have met your deductible and before you have reached your out-of-pocket maximum.

Co-payment (or copay) — In the PPO plan, this is the amount you're required to pay directly to the provider each time you use medical services (for example, you pay a small co-payment each time you visit a doctor's office), and it is the amount you pay to the pharmacy for your prescription.

Covered expense — Any expense for medical services or products that is eligible for benefits under your medical plan.

Deductible — A deductible is the amount that you must pay each year before the plan begins paying benefits. ***For the PPO Plan:*** a deductible applies only if you go for out-of-network service. ***For the CIGNA Choice Fund:*** the deductible applies only after you have used your HRA fund.

Drug maintenance list — A list that identifies medications for disease states that are long term, chronic and stable. If your ongoing medication is on the list, you may be able to purchase several weeks' supply of it by mail order.

Eligible change in status — Events (such as marriage, divorce, childbirth or change in job status) that qualify you to change your level of medical coverage during the year without waiting until annual enrollment.

Emergency care — Any illness or injury that, without immediate medical attention, could result in loss of life or limb, or cause serious harm to bodily

functions (for example, an apparent heart attack, severe bleeding, loss of consciousness, or severe or multiple injuries).

Explanation of benefits (EOB) — The document you receive after you file a claim. The EOB shows how much of the expense the plan paid and how much you are expected to pay. If part or all of the expense is not covered, the EOB should explain why.

Generic drugs — Prescription drugs that meet the standards for safety, purity, strength, and quality as their brand-name counterparts. These drugs, however, bear only a chemical or general-classification name — not a brand name.

In-network services Medical care or treatment you receive from physicians, hospitals, or other health care professionals that participate in the insurance company's network of providers. You receive the highest level of coverage when you go to a provider in the insurance company's network.

Inpatient hospital care — A hospital stay (usually 24 hours or more) for which a room and board charge is made by the hospital.

Medically necessary — Services and supplies, including tests and examinations that are consistent with generally accepted practices for the diagnosis of an illness or injury, or the medical care of a diagnosed illness or injury. Only medically necessary services and supplies, as determined by the PPO or the Choice Fund, are covered by the plan.

Network — A group of health care providers and facilities that have agreed to provide Metro employees with services at a reduced cost.

Out-of-network services — Care or treatment you receive from physicians, hospitals, or other health care professionals who are not participating in the insurance company's network.

Outpatient hospital care — A hospital stay (usually less than 24 hours) for which no room and board charge is made by the hospital.

Pre-certification — A requirement under the plan to have all non-emergency hospital admissions approved in advance.

Urgent care — An illness or injury that requires immediate but not emergency care (that is, the condition is neither life- nor limb-threatening). Examples include high fever, flu, earaches, sprains, nausea, and headaches.

Mental Health and Substance Abuse Benefits

Mental health and substance abuse care and services are provided under your medical plan coverage. Highlights for each plan appear below. For more information, contact your medical plan carrier.

	Mental Health and Substance Abuse (IN-NETWORK benefits)		
	BCBS PPO	BlueAdvantage Plus	CIGNA Choice Fund
Mental health inpatient	80% of approved charges; pre-authorization required; maximum of 45 days per year	100% coverage with 190 day lifetime maximum in a psychiatric hospital	90% of approved charges; pre-authorization required; maximum of 45 days per year
Mental health outpatient	80% of approved charges, maximum of 50 visits of combined mental health/substance abuse per calendar year	100% coverage after \$10 copay for group/individual visit	90% of approved charges, maximum of 50 visits of combined mental health/substance abuse per calendar year
Substance abuse inpatient	80% of approved charges; pre-authorization required; 30 days per calendar year; lifetime maximum of \$50,000		90% of approved charges; pre-authorization required; 30 days per calendar year; lifetime maximum of \$50,000
Substance abuse outpatient	80% of approved charges; maximum of 50 visits of combined mental health/substance abuse per calendar year		90% of approved charges; maximum of 50 visits of combined mental health/substance abuse per calendar year
Group therapy	Covered as mental health outpatient		Covered as mental health outpatient

¹ If you go out-of-network, these benefits do not apply. See insurance carrier for details.

Dental Benefits

Metro dental benefits are provided by Delta Dental of Tennessee. Delta's plan options give you the flexibility to see any dentist you like or stay within an extensive network of dentists who agree to discount their fees in return for your business.

<i>FAST FACTS</i> about Your Dental Benefits	
Eligibility	All full-time Metro employees and their eligible dependents.
Coverage Levels	Single and family.
Plan Options	<ul style="list-style-type: none">• Delta Dental Limited PPO Plan (pays benefits for in-network care <u>only</u>)• Delta Dental Premier Plan (pays benefits for care in or out of network)
Highlights	<ul style="list-style-type: none">• You save by going to participating dentists, who write off a portion of their fees.• Two cleanings within a 12 month period are covered at 100% of Delta Dental's Maximum Plan Allowance.• Extensive network of participating dentists.
Cost	Metro pays 100% of the cost for Metro employees. You pay any additional cost of family coverage.

Eligibility

All Metro retired employees are eligible for Metro dental benefits.

Cost

Metro pays 100% of the cost of dental premiums for single pensioners. If you elect coverage for your family, you pay the additional cost for family coverage. (The family premium is the same regardless of the number of dependents you cover.)

Types of Coverage

Metro's dental plan provider, Delta Dental of Tennessee, offers two plan options:

- Delta Dental Limited PPO Plan — pays benefits for in-network care only
- Delta Dental Premier Plan — pays benefits for in-network or out-of-network care

The Limited PPO Plan is like an HMO –it pays benefits only if you stay in the network of preferred dentists. The Premier Plan is like a PPO – it pays benefits regardless of whether your dentist is in the network; however, your benefit is higher if you go to an in-network dentist).

Limited PPO Plan

Under the Limited PPO Plan, you do not have to choose a primary care dentist. You may visit any participating Limited PPO Plan dentist without prior approval or referrals. However, you must visit a Limited PPO Plan dentist or you will not receive benefits. The Limited PPO Plan offers these advantages:

- **No maximum annual benefit** — The Limited PPO Plan has no annual limit on plan benefits (unlike the Premier Plan). This feature can create substantial savings if you require extensive dental work.
- **No coinsurance or deductibles** — Under the Limited PPO Plan, you pay no coinsurance or deductibles, just co-payments. You know your share of the cost in advance. And, most preventive services are covered at 100%.
- **No claims forms to file** — There is no paperwork for you. You simply pay your co-payment at the time of service and the plan pays the rest.

Premier Plan

The Premier Plan pays benefits as a percentage of costs, up to an annual maximum of \$1,000 per person. Once plan benefits are paid, you pay the remainder, which is your coinsurance. Also, for major services, you must meet an annual deductible of \$75 per person before any benefits are paid.

If you join the Premier Plan, you may go to any dentist — in or out of network — and receive benefits. But if you choose a Premier Plan dentist, your costs will likely be lower, and you will not be billed for the balance.

WHY CHOOSE A PARTICIPATING DELTA DENTIST?

You may choose any licensed dentist. However, it is to your advantage to choose a dentist in the Delta plan. Here's why:

- Payment is based on Delta's maximum plan allowance (MPA) fee. You only have to pay coinsurance. You are not responsible for charges above the MPA.
- Because Delta reimburses its dentists directly, they agree to charge you no more than your coinsurance and/or deductible. You don't have to pay the entire bill and wait for reimbursement.
- If a non-participating dentist's fees exceed the industry average MPA, you must pay the difference plus your coinsurance. You may also have to pay the entire bill in advance.
- Claim forms will be completed and submitted at no charge. Non-participating dentists may require you to complete forms yourself or pay a service charge.

Cleanings

Under both the Premier and Limited PPO plans, you and your dependents are covered for two cleanings and exams, twice in a 12-month period at 100% of Delta Dental's MPA. Cleanings and diagnostic services are a critical part of good dental care. Early detection of decay, gum deterioration, or other problems can be an important factor in saving your teeth and promoting good dental health. Be sure to take advantage of this important benefit.

When Coverage Starts

Your coverage will begin on the effective date of your plan. Benefits are available immediately for any services you receive after the effective date. You can change dental plans during Annual Enrollment or within 60 days of an eligible change in status.

Automatic Re-Enrollment

Once you enroll in dental insurance, you do not need to re-enroll each year. Your coverage will automatically continue until you elect to discontinue it.

Discontinuing Coverage

You may drop dental coverage at any time. However, once you drop your dental coverage you may never re-enroll at a later date.

Finding a Participating Dentist

More than 108,000 dentists in the Nation that are located in more than 134,000 dental offices participate in Delta Dental's Network. To find one near you, visit Delta Dental's website or call Customer Service (see "Health Benefits Contacts" in the front of the Health Benefit section). Or, simply ask your dentist if he/she participates.

The Advantage of Pre-Determination

If you're thinking about having dental work done that will cost you more than \$300, ask your dentist to request a pre-determination before starting treatment.

This will let you know approximately how much the work will cost and what your share of the costs will be. Pre-determination does not guarantee benefits.

Optional Services

Optional services are services that cost more than Delta Dental's normal coverage for that service. When you receive optional service, you are responsible for the extra cost, that is, the amount over the normal Delta Dental benefit. For example: If your benefit plan allows for amalgams only, even though a metal or porcelain inlay is suggested by your dentist, Delta Dental will pay for only the cost of the amalgam.

What's Not Covered

Delta Dental does not cover the following services, treatments and/or fees:

- cosmetic surgery or procedures for purely cosmetic reasons
- services for congenital or developmental malformations
- treatment to restore tooth structure lost from wear
- treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion
- treatment to stabilize teeth (equilibration, periodontal splitting)
- services for any disturbance of the temporomandibular joints (jaw joints) or myofacial pain dysfunction
- services rendered by a dentist beyond the scope of his license
- services performed by any person other than a dentist or auxiliary personnel legally authorized to perform services under the supervision of a dentist
- charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility
- oral hygiene instruction or dietary instructions
- prescribed drugs or other medication
- experimental procedures
- oral graft or conscious sedation
- gold foil restorations (treated as an optional service)
- implants or surgical removal of implants
- charges for general anesthesia, other than by a dentist properly licensed to administer general anesthesia in connection with covered oral surgery services
- dental services for which the eligible person incurs no charge
- dental services with charges that exceed what would have been made and actually collected if no coverage existed hereunder
- posterior bridge where partial denture in the same arch is not a covered benefit
- temporary partial dentures are a benefit only when anterior teeth are missing
- porcelain, gold or veneer crowns for children under 12
- fixed bridges or cast partials for children under 16

- services for injuries or conditions that are covered under Worker's Compensation or Employer's Liability Laws
- services provided by federal, state or local agency, unless this exclusion is prohibited by law

DENTAL PLAN GLOSSARY

To help you better understand your dental benefits under Delta Dental, here are definitions of some key words and phrases used to describe the plans.

- **Copayment (or copay)** (Limited PPO Plan only) — The amount you pay for services. After your copay, the plan pays 100% of the remaining cost (there is no deductible).
- **Covered expense** — Any expense for dental services or products that are eligible for benefits.
- **Deductible** (Premier Plan only) — The amount (\$75 per person/year) you pay each year for certain services before the plan begins paying benefits.
- **Dental emergency** — Extreme dental pain or worsening of an existing condition that must be treated immediately.
- **In-network services** (Limited PPO Plan only) — Care or treatment from dentists or dental specialists within a network of providers.
- **Maximum annual benefit** (Premier Plan only) — The maximum amount of plan benefits (\$1,000) paid during a calendar year.
- **Maximum plan allowance (MPA)** — The maximum amount for a dental procedure that the plan allows.
- **Out-of-network services** (Premier Plan only) — Care or treatment you receive from dentists or other providers who are not participating providers. Out-of-network services are covered, but you may be billed for the balance.
- **Pre-determination of benefits** (Premier Plan only) — Advance approval of a claim for major dental work before the work is done.

Optional Vision Insurance

Vision insurance provides benefits for eye exams, eyeglasses, contact lenses, and contact lens fittings and evaluations. It is available to all pensioners and their dependents who are eligible for Metro benefits..

<i>FAST FACTS about Vision Insurance</i>	
Eligibility	<ul style="list-style-type: none">• Metro employees who are eligible for other Metro benefits• Metro pensioners
Coverage Levels	Single and family coverage available
Plan Options	<ul style="list-style-type: none">• Basic Plan (covers exam every 12 months, and lenses/frames or contacts every 24 months)• Enhanced Plan (covers exam every 12 months, as well as lenses/frames or contacts every 12 months)
Highlights	For exams, eyeglass lenses and frames, contact lenses, and contact lens fitting and evaluation
Cost	You pay the full cost of coverage at group rates

Eligibility

You are eligible for optional vision insurance if you are a Metro pensioner.

Cost

You pay the full cost of vision insurance at group rates. In general, group rates are lower than rates for individual coverage. For rates, see your Enrollment Packet or contact the insurance carrier.

Coverage Levels

You may choose from two levels of vision coverage:

- Single — Metro employee or Metro pensioner only
- Family — Metro employee or Metro pensioner plus family

Vision Benefits

Metro's optional vision insurance will be provided by UnitedHealthcare Vision. Under the vision plan, you may see any provider you like, but if you are served by an in-network provider, you get the most value from your vision benefit (see below).

BASIC PLAN				
Vision Benefit	Frequency	Copayment	Maximum Benefit with In-Network Provider	Maximum Benefit with Out-of-Network Provider
Exam	Once a year	\$10	Covered in full	Reimbursed up to \$45
Lenses ¹	Once every 24 months	\$10 (applied to lenses and frame)	Single vision, lined bifocal, lined trifocal, and lenticular are covered in full	Reimbursed up to: Single vision: \$40 Lined bifocal: \$60 Lined trifocal: \$80 Lenticular: \$80
Frame ^{1, 2}	Once every 24 months	\$10 (applied to lenses and frame)	Covered up to \$50 wholesale frame allowance at private practice providers, or a minimum of \$70 frame allowance at retail chain providers	Reimbursed up to \$50 allowance
Contact Lenses ^{1, 3}	Once every 24 months	None	Covered up to \$125 allowance	Reimbursed up to \$125 allowance

¹ You may choose between contacts or eyeglasses. If you choose contacts, benefit does not apply to eyeglasses (lenses and frame) during the same service period.

² You are responsible for any amount over \$50.

³ The \$125 allowance covers exam, contact lens(es), and fitting and evaluation. You are responsible for any amount over \$125.

ENHANCED PLAN				
Vision Benefit	Frequency¹	Copayment	Maximum Benefit with In-Network Provider	Maximum Benefit with Out-of-Network Provider
Exam	Once a year	\$10	Covered in full	Reimbursed up to \$45
Lenses¹	Once every 12 months	\$25 (applied to lenses and frame)	Single vision, lined bifocal, lined trifocal, and lenticular are covered in full	Reimbursed up to: Single vision: \$40 Lined bifocal: \$60 Lined trifocal: \$80 Lenticular: \$80
Frame^{1,2}	Once every 12 months	\$25 (applied to lenses and frame)	Covered up to \$50 wholesale frame allowance at private practice providers, or a minimum of \$130 frame allowance at retail chain providers	Reimbursed up to \$50 allowance
Contact Lenses^{1,3}	Once every 12 months	None	Covered up to \$125 allowance	Reimbursed up to \$125 allowance

¹ You may choose between contacts or eyeglasses. If you choose contacts, benefit does not apply to eyeglasses (lenses and frame) during the same service period.

² You are responsible for any amount over \$50.

³ The \$125 allowance covers exam, contact lens(es), and fitting and evaluation.
You are responsible for any amount over \$125.

Automatic Re-Enrollment

Once you enroll in vision insurance, you do not need to re-enroll each year. Your coverage will automatically continue until you elect to discontinue it.

Discontinuing Coverage

You may drop vision coverage at any time.

Pensioner's Income Protection Benefits

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About This Document

This document presents an overview of Metro income protection benefits. It is intended for informational purposes only. If there is a difference between this overview and the official plan documents, the plan documents will govern. For more information, contact your department HR Coordinator or Metro Human Resources.

Your Metro Benefits in Brief

Health benefits help you pay for care to prevent and treat illness and maintain good health.	<ul style="list-style-type: none">• Medical insurance• Dental insurance• Mental health / substance abuse insurance• Optional vision insurance
Income protection benefits replace a portion of your Metro pension if you become too sick or if you die.	<ul style="list-style-type: none">• Basic life insurance• Disability pension• Optional long-term care insurance
Retirement benefits provide you with regular income when you retire from work.	<ul style="list-style-type: none">• Service Pension Plan

The Value of Your Metro Benefits

Benefits are an important part of your total compensation at Metro. The cost of providing them to you amounts to about 25% to 30% of your annual Metro pay. You pay for a portion of your health benefits. On certain other important benefits — such as employee dental, basic life insurance, and disability pension — Metro bears the full cost. Metro provides you the opportunity to purchase additional insurance at group rates.

Cost is just one way to measure value. Peace of mind is another. Your Metro benefits can provide you with the protection and security you need at any stage of life, whether you are just beginning your career, starting a family or nearing retirement. However you measure them, your Metro benefits are worth more than you think.

Income Protection Benefits Contacts

Benefit	Website	Phone
Disability Pension	www.nashville.gov	Metro Human Resources at (615) 862-6700
Basic Life	www.nashville.gov	Metro Human Resources at (615) 862-6700.
Long-Term Care Insurance	Link to carrier through www.nashville.gov	Prudential Long-Term Care(800) 732-0416

Disability Pension Benefits

Metro's pension plan disability benefits can help ease the financial burden that a disabling illness or injury can create for you and your family. The plan provides a continued source of income to help you meet expenses while you are unable to work.

Metro's disability program focuses on three areas:

- occupational health and safety — to head off illness and injury
- case management — to coordinate care and treatment
- rehabilitation and retraining — to help return employees to work

<i>FAST FACTS</i> about your Disability Pension Benefits	
Eligibility	<ul style="list-style-type: none">• For medical disability — 10 years of credited service• For injured-on-duty (IOD) disability — any time, regardless of length of service
Benefit	A monthly pension benefit to replace a portion of your salary while disabled.
When Benefits Begin	<ul style="list-style-type: none">• After you have used all accrued sick leave, vacation, comp time and personal days• Injured-on-duty — after you have used all IOD time, accrued vacation, comp time, and personal days
Case Management	Professional nursing and support staff available to assist in the coordination of care with the goal of returning employees to work.
Cost	No cost to you. Metro pays 100%.

Disability Defined

Under Metro's pension plan, the definition of disability depends upon the type of disability, the job you perform and how long you have been affected (more than two years or less than two years). In all cases, the Metro Code requires that the condition for which you are claiming disability be permanent, not temporary. Metro Code Section 3.08.030 further says:

The stated purpose of the retirement benefits, both for disability and old age, is to replace income and provide reasonable pensions to those members who have lost substantially their capacity to earn by reason of disability or old age. It is not the intention that the system provide a pension income to a metropolitan employee who contends disability, but who has not lost his power to work for compensable earnings or profits.

Detailed explanations of the various factors considered in determining disability may be obtained from the Human Resources Department.

There are two types of disability:

- medical — disability from illness or injury that is not job-related, nor otherwise excluded by provisions of the benefit plan.
- injured on duty — disability from illness or injury that is the direct result of an act required of you in the performance of your job (any Metro employee is eligible, regardless of length of service) and that is not otherwise excluded by provisions of the benefit plan.

Disabilities Not Covered

You are not eligible for disability pension benefits if your disability is the result of:

- an intentionally self-inflicted injury
- any injury or disease resulting from military service
- any injury or disease that occurred before you joined Metro

Eligibility

Eligibility for disability pension benefits depends on the type of disability:

- medical — after 10 years of credited service
- injured on duty — anytime, regardless of length of service

If you are eligible for a full service pension when you become disabled, you are not eligible for a disability pension. Instead, you may retire and begin drawing your service pension benefits.

Social Security Disability Benefit — If you are disabled for more than five months, you may be eligible for a Social Security disability benefit, and your spouse and dependent child(ren) may be eligible for a dependent's Social Security benefit. For details, contact your local Social Security Administration Office.

Cost

Metro pays the full cost of your disability pension benefits.

Qualifying for and Retaining IOD Benefits

To qualify for injured-on-duty (IOD) benefits, you must follow procedures established by the Civil Service Commission and the Benefit Board. They include specific steps you should take to obtain medical assistance, report your accident or injury, and apply for a disability pension (if you are off from work for an extended period).

If you suffer an injury on duty, be sure to notify your supervisor immediately.

When Disability Benefits Begin

Whether your disability is due to a medical condition or an injury on duty, your monthly disability pension payments begin after you have used all of your accumulated leave time, including your sick leave or IOD pay (whichever is applicable), vacation, comp time, and personal days.

Calculating your Disability Benefit

The formula for calculating your disability benefit if you are not receiving Social Security benefits is:

50% of Final Average Earnings*
PLUS
An additional 10% if you have dependent child(ren)**

The formula for calculating your disability benefit if you are eligible for Social Security benefits is:

$$\begin{aligned} &30\% \text{ of Final Average Earnings*} \\ &\quad \mathbf{PLUS} \\ &\quad \text{Full Social Security benefits} \\ &\quad \mathbf{PLUS} \\ &\text{An additional 10\% if you have dependent child(ren)**} \end{aligned}$$

*Final Average Earnings is the average of your last 12 months of earnings at Metro before your disability (includes full-time months only).

**For disability pension benefits, a dependent child is defined as a natural child, stepchild, adopted child, or foster-care child for whom documented proceedings are in place, and who is under age 19 or, if a full-time student, between age 19 and 23.

The following example illustrates both methods of calculating the disability benefit. The example assumes that your Final Average Earnings is \$3,000 per month and that you have dependent children.

<u>Not Receiving Social Security</u> (Metro benefit only)	<u>Receiving Social Security</u> (Metro + Social Security benefit)
$50\% \text{ of } \$3,000 = \$1,500$ PLUS $10\% \text{ of } \$3,000 = \300 (for dependent children)	$30\% \text{ of } \$3,000 = \900 PLUS $\$900 \text{ Social Security benefit}$ PLUS $10\% \text{ of } \$3,000 = \300 (for dependent children)
Total benefit = \$1,800/month	Total benefit = \$2,100/month

As you can see, the disability program provides higher overall benefits to employees who qualify for and receive Social Security. The program's emphasis on case management helps those less seriously disabled to get the care and treatment they need to make a full recovery and return to work as soon as they are able.

Applying for Disability Benefits

If you become disabled and cannot return immediately to work, you should notify your supervisor as soon as possible. To apply for disability benefits, you must notify the Human Resources Benefit Services Unit and complete an application form. You must also provide the Benefit Board with satisfactory medical evidence that you are disabled.

Disability Compliance

To qualify for and receive disability pension benefits, you must agree to and comply with certain disability pension guidelines and procedures, including providing a variety of information about your disability on a regular basis to the Human Resources Disability Compliance Division (see “Annual Disability Report” below). Disability pensioners will be monitored for compliance with the agreement. Failure to comply with the agreement will be reported to the Metro Employee Benefit Board and could result in the discontinuation of all benefits.

The employee’s department will also be responsible for completing a departmental agreement, which pertains to the “Return to Work” section of the Metropolitan Code.

Social Security Benefits

One of the stipulations of your receiving a disability pension is that you must apply for social security disability benefits and provide verification to Metro Human Resources – Disability Compliance Division of your application approval or denial. You can file a disability pension application with the Social Security Administration by calling 1-800-772-1213 or by applying online at www.ssa.gov.

If certain criteria are met, you may be assigned a case manager who will work with you in applying for social security disability benefits. If your initial application is denied by the Social Security Administration and you meet the criteria, a case manager will assist you in the appeal process through the Administrative Law Judge Level, if needed.

If you have already turned sixty-two (62) years of age, you may be eligible for (retirement) social security benefits. If you apply for these benefits at age sixty-two (62), your disability pension from The Metropolitan Government will not be reduced by this amount. You need to consider, carefully, whether you should apply for your social security benefits at age sixty-two (62) or defer that application until you convert to an unreduced service pension benefit.

If you are awarded Social Security disability benefits, you will receive a notice as to the amount of your social security primary benefit amount. You must promptly forward the information to Metro’s Disability Compliance so your pension

amount may be adjusted properly. Failure to furnish the information may result in collection procedures when the notice is finally received.

Annual Disability Report

Throughout your disability period you will be required to submit a written report at least once a year, and in some cases more frequently. (A report form, which you must complete and return, will be mailed to you for this purpose.) The report must indicate:

- whether you have applied and been approved for Social Security benefits (if you have been rejected, a copy of the letter denying benefits must be included)
- the amount of your Social Security benefits
- the amount of your outside earnings (from an employer other than Metro) while disabled
- the status of your dependent child(ren)

The Benefit Board may or may not consider your receipt of Social Security benefits as proof of your entitlement for Metro disability.

Case Management

An important part of the disability program is having someone make sure you're getting the special care you need throughout the recovery process. Under Metro's benefit program, an independent group of healthcare professionals fills this important role.

Called "case managers," these professionals help guide employees with certain conditions through the recovery process so that they can reach maximum medical improvement as quickly as possible, therefore potentially returning to active employment.

Case managers do not prescribe medications or perform any type of medical treatment. Instead, they serve as a critical link between employees and their families, medical care providers, insurance companies and Metro.

Working closely with all of these groups, the case manager will:

- help coordinate your care,
- monitor your treatment, and where appropriate
- facilitate your return to work.

If certain criteria are met, you may be assigned a case manager who will work with you in applying for social security disability benefits. If your initial application is denied by the Social Security Administration and you meet the

criteria, a case manager will assist you in the appeal process through the Administrative Law Judge level.

If you are injured on duty and you are assigned a case manager, your participation in case management is mandatory while on an in-line-of-duty disability.

If you have a serious medical condition that could lead to disability, in certain cases you may receive the assistance of a case manager.

As you recover from your injury or illness, Metro Human Resources and if applicable your case manager will work closely with your department to arrange reasonable accommodations to aid your return to work. For example, case managers can help you get reinstated to your former job, help you find a temporary light-duty assignment, arrange for you to be retrained, or place you in a similar job in the same department or other Metro department with the Board's approval.

Survivor Benefits

If you die while you are a disability pensioner, and before you are eligible for a service pension, your surviving spouse or dependent child(ren) will be entitled to a benefit. The annual benefit for your survivor(s) is the greater of:

- 25% of your average earnings at the time of your disability, or
- your benefit under Option A (see "Payment Options" under Service Pension Benefits in the Retirement Section)

Survivor benefits will be paid to:

- your spouse until his/her death, and thereafter to the guardian of your surviving dependent child(ren), or
- the legal guardian of your surviving dependent child(ren) if you do not have a surviving spouse

When Disability Benefits End

Generally, your benefits under the pension plan will continue for as long as you meet the Metro Code definition of "disabled". They will stop in the event you:

- No longer meet the definition of disability
- reach your normal retirement date, at which time your disability pension converts to a service pension*
- die
- return to work for Metro

- take another job that you are reasonably suited to perform because of your background, training, education or experience
- refuse three job offers to return to work at Metro
- refuse to provide the annual disability report required by the Benefit Board
- refuse to allow the Benefit Board and its agents/assignees to obtain pertinent medical records that confirm your disability

***NOTE:** You may be eligible to convert your Metro disability pension to an early retirement pension. If so, you should consider doing so. Why? Because your Metro disability pension is automatically reduced when you receive Social Security disability benefits. However, your Metro service pension is not reduced by either Social Security benefits or outside allowable earnings. So, by converting to an early retirement pension, you may increase your total monthly income. For more information, contact Human Resources.

Working While on Disability

As a disability pensioner, you are allowed to earn additional pay from other employers and still receive your Metro disability pension as long as your outside earnings do not exceed the following amount:

$$\begin{array}{c}
 \text{Your Metro salary at the time you became disabled,} \\
 \text{with pay plan adjustments consistent with the current pay level} \\
 \textbf{MINUS} \\
 \text{Your disability pension benefit} \\
 \text{from Metro and Social Security}
 \end{array}$$

If you exceed the allowed amount, your future pension payments will be reduced dollar for dollar until the excess payment is recovered.

For this formula, your salary is the amount you were earning at the time your disability occurred, plus across-the-board pay increases you would have received if you had continued working. Your salary does not consider other pay increases you might have received from promotion or annual increments.

Continuation of Other Benefits

Your healthcare and life insurance coverage will continue while you are receiving disability benefits under the pension plan. Your healthcare premium rates will be the same as those of active employees until you qualify for Medicare part A and B (see “Social Security Benefits” in the Retirement Section), at which point you will pay pensioner premium rates to continue coverage.

Pensioners are eligible for \$10,000 of life insurance — provided at no cost to you — unless approved for a waiver of premium (see below).

NOTE: If you are a pensioner and decline healthcare coverage at any time, you cannot elect it at a later date.

Healthcare Insurance

While on a disability pension, you may change healthcare plans during Annual Enrollment. However, you can add or delete dependents only within 60 days of an eligible change in status (see below).

Eligible Change in Status

The benefits you choose at Annual Enrollment remain in effect for the entire plan year unless you have an eligible change in status such as:

- marriage
- divorce
- death of a covered eligible dependent
- birth or adoption of a child
- change in job status for you or your spouse

Within 60 days of an eligible change in status, you may:

- change current benefit options, where eligible, or
- change current coverage levels, or
- add or drop eligible dependents to/from coverage

Pensioners must add dependent(s) before the 60-day deadline. Pensioner dependents cannot be added later, even during Annual Enrollment.

For a complete list of eligible changes in status and instructions on changing your benefit elections, see your department HR Coordinator or call Metro Human Resources.

Life Insurance Waiver of Premium

Pensioners who are under age 60 and disabled, and who meet medical criteria set by the insurance carrier, may be eligible for a waiver-of-premium policy under Metro's Basic Life Insurance Plan. The waiver provides pensioners, at no cost to them, with life insurance coverage of \$50,000 (the amount they have as active employees). If you do not qualify for, or were denied the waiver of premium benefit, you may convert your basic term life policy to an individual policy.

To see if you qualify, you must submit an application within 12 months of your disability, along with medical documentation, to the insurance carrier.

Pensioners not approved for the waiver are eligible for \$10,000 of basic life insurance coverage.

Returning to Work — Salary Supplement Program

Metro's salary supplement program is designed to help disability pensioners return to active employment at their previous rate of pay, though not necessarily in the same job.

If you are eligible for disability benefits and return to work earning less than you were before, you will be paid a salary supplement to make up the difference. You will continue to receive a salary supplement until your pay in the new job equals your pay before disability.

For example, if your salary were \$36,000 before your disability began and \$30,000 after you returned to work, Metro's benefit program would pay you a salary supplement of \$6,000.

As your salary increases, the salary supplement is reduced. For example, if your salary increases by \$2,000 to \$32,000, your salary supplement drops to \$4,000.

Disability Time and Credited Service

If you go directly from disability pension to service pension, your entire period of disability counts as credited service in determining your service pension. If your disability ends, your disability time counts as credited service for pension purposes if you return to work at Metro.

Basic Life

Your Metro benefits automatically provide a basic level of life insurance to protect your family while they are still financially dependent on you. This coverage can give you peace of mind, knowing that your family has some financial security in the event you die unexpectedly or are unable to provide for them because of certain injuries.

FAST FACTS about Basic Life Insurance

Benefit	Income protection for you and/or your beneficiary if you die or suffer certain injuries.
Enrollment	All service pensioners.
Coverage	Pensioners — \$10,000 (Basic Life only)
When Coverage Begins	First day of pension
Cost	Metro pays 100% of the cost for you.

Eligibility

All Metro service pensioners are eligible for basic life insurance.

Coverage Amounts

Active Metro employees are covered for basic life insurance in the amount of \$50,000 and AD&D insurance in the amount of \$50,000. Metro pensioners are covered for basic life in the amount of \$10,000. If you are age 65 or older, please see the Age Reduction section on the next page.

When Coverage Begins

Your coverage begins on the first day of the month following 30 continuous days of full-time employment with Metro.

Cost

Metro pays 100% of the cost of basic life insurance coverage for you.

Life Insurance Waiver of Premium

Pensioners who are under age 60 and disabled, and who meet medical criteria set by the insurance carrier, may be eligible for a waiver-of-premium policy under Metro's Basic Life Insurance Plan. The waiver provides pensioners, at no cost to

them, with life insurance coverage of \$50,000 (the amount they have as active employees). If you do not qualify for, or were denied the waiver of premium benefit, you may convert your basic term life policy to an individual policy.

To see if you qualify, you must submit an application within 12 months of your disability, along with medical documentation, to the insurance carrier.

Pensioners not approved for the waiver are eligible for \$10,000 of basic life insurance coverage.

Age Reduction

Once you reach age 65, your basic life insurance coverage amount is:

- \$10,000 as pensioner (see “Coverage in Retirement” below) and
- \$32,500 as an active Metro employee.

Coverage in Retirement

When you retire from Metro under the service pension plan, your basic life insurance coverage continues, but the benefit amount is reduced to \$10,000. Metro continues to pay 100% of the cost of your basic life insurance.

Benefit Payments

Basic life benefits may be paid in a lump sum.

Naming and Changing Your Beneficiary

When you begin work at Metro and become eligible for benefits, you will complete a Beneficiary Designation Form.

The person(s) you named last as your beneficiary on your last properly completed form will be entitled to receive your life insurance benefits. That’s why it’s so important to make sure that your beneficiary designation is current.

You can change your beneficiary at any time by completing a new Beneficiary Designation Form. The new designation will apply only after you have signed the form and filed it with Human Resources.

Is your beneficiary information current? To confirm or change your beneficiary designation(s), call Human Resources.

NOTE: You are allowed to name different beneficiaries for your basic life, supplemental life and pension benefits. Be sure to confirm your beneficiaries for all benefits that apply.

If you fail to designate a beneficiary, or if your beneficiary dies before you do, benefits will be paid in the following order: to your spouse, your natural or adopted children, your parents or to your estate.

How to File a Claim

Basic life benefits are payable only upon completion and filing of a claim form, which are available from the Human Resources Department.

Submit the completed claim form to Metro Human Resources as soon as possible. Claims submitted more than 180 days after a loss may be rejected by the insurance company (which has sole jurisdiction over this benefit). A death certificate, physician's statement or other proof of claim may be required.

When Coverage Ends

Your coverage under the basic life program will end when any of the following occurs:

- you are no longer an eligible employee or pensioner
- the plan is terminated.

If your coverage ends because you leave your Metro job, you have the right to convert all or part of your basic life coverage to an individual policy (see "Conversion Rights" below).

Conversion Rights

If you leave your job at Metro, your basic life and AD&D coverage ends. However, you may convert all or part of your basic life insurance coverage to an individual policy without providing proof of good health.

To convert your coverage to an individual policy, you must apply for and pay the first premium within 31 days after your coverage ends. Contact the insurance company for more information on your conversion rights.

Optional Long-Term Care Insurance

Long-term Care (LTC) insurance provides nursing home care, assisted living care and at-home care once there is cognitive impairment or you cannot perform certain activities of daily living.

<i>FAST FACTS about Long-Term Care Insurance</i>	
Purpose	Covers certain expenses for long-term care.
Eligibility	Employees who are eligible for other Metro benefits, Pensioners and family members of both employees and pensioners.
Benefit	Varies depending upon plan and features chosen.
When Benefits Begin	After a 90-day waiting period is met.
Length of Benefits	Varies depending upon plan and features chosen.
Cost	You pay the full cost of LTC coverage at group rates.

Eligibility for Payment of Benefits

To qualify for benefits, you must be confirmed as having a chronic illness or disability by a licensed health care practitioner. A chronic illness or disability is defined as:

- a severe cognitive impairment which requires substantial supervision to protect you from threats to health and safety
- a loss of the ability to perform, without substantial assistance, at least two activities of daily living (bathing, continence, dressing, eating, toileting and transferring).

- **Eligibility**

You are eligible to enroll in LTC insurance if you:

- Are a Metro employee who is eligible for other Metro benefits
- Are a Metro pensioner
- Are a family member of a Metro employee or pensioner

Cost

You pay the full cost of LTC insurance at group rates. Group rates are generally lower than rates for individual coverage. For LTC rates, contact the insurance carrier.

Unlike other optional benefits, the premium for this benefit is **not** deducted from your paycheck, but rather the insurance carrier will bill you directly at your home.

When Coverage Begins

The date LTC coverage begins will depend on when you enroll:

- If you enroll during an Annual Enrollment period, see your Enrollment Guide for the effective coverage date.
- If you enroll when hired, your LTC coverage will start the first day of the month beginning on or after 30 days of continuous employment.

When Coverage Ends

LTC coverage ends when any of the following occur:

- you discontinue coverage
- you leave your job at Metro and do not immediately receive a pension benefit
- you are no longer an eligible employee or pensioner or
- the plan is terminated.

Late Enrollment Penalty

If you do not apply for LTC coverage within 31 days of becoming eligible, you will be subject to a late-enrollment penalty.

Benefit Amounts

Contact the insurance carrier for the plan options available to you or your family members.

About This Document

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The Police and Fire pension plan includes sworn police officers, certified EMTs and paramedics and Fire employees in suppression, prevention, training and inspection. All other employees are in the General Government pension plan. If you have questions about your plan participation, contact Metro Human Resources.

Your Metro Benefits in Brief

Health benefits help you pay for care to prevent and treat illness and maintain good health.	<ul style="list-style-type: none">• Medical insurance• Dental insurance• Mental health / substance abuse insurance• Optional vision insurance
Income protection benefits replace a portion of your Metro pension if you become too sick or if you die.	<ul style="list-style-type: none">• Basic life insurance• Disability pension• Optional long-term care insurance
Retirement benefits provide you with regular income when you retire from work.	<ul style="list-style-type: none">• Service Pension Plan

The Value of Your Metro Benefits

Benefits are an important part of your total compensation at Metro. The cost of providing them to you amounts to about 25% to 30% of your annual Metro pay. You pay for a portion of your health benefits. On certain other important benefits — such as employee dental, basic life insurance, and disability pension — Metro bears the full cost. Metro provides you the opportunity to purchase additional insurance at group rates.

Cost is just one way to measure value. Peace of mind is another. Your Metro benefits can provide you with the protection and security you need at any stage of life, whether you are just beginning your career, starting a family or nearing retirement. However you measure them, your Metro benefits are worth more than you think.

Retirement Benefits Contacts

Benefit	Website	Phone
Service Pension and Retiree Medical	www.nashville.gov	(615) 862-6700
Social Security and Medicare Benefits	www.ssa.gov (Social Security and Medicare website)	See U.S. Government section of phone book for your local Social Security Administration office

A Word About Retirement Planning

Your Metro service pension and Social Security benefits are important sources of retirement income. However, they were never intended to fully replace your income from active employment. Any way you look at it, you'll likely need more for retirement than you think. Here's why:

- **You could outlive your savings.** With today's longer life expectancies, the average American enjoys more than 20 years of retirement.
- **Over time, inflation takes a big bite out of your buying power.** What seems like a comfortable retirement income today may be less than you'll need 10 or 15 years down the road. As costs continue to rise, your dollars have to stretch further to make ends meet.

Long before you retire, you should compare the income you expect to have at retirement to what you'll need to live on comfortably once you've stopped working. If there's a gap between the two, you'll have to make it up through other income, such as a retirement benefit from another employer, your spouse's pension, or personal savings.

To make it easier for you to build personal savings, Metro sponsors a 457 Deferred Compensation Plan — the MetroMax Plan. You can read more about MetroMax and its advantages and about your Social Security benefits later in this section.

It's important to learn as much as you can about your service pension and its role in your retirement. Then, armed with all the facts about your potential sources of retirement income, you can begin to plan for a financially secure and “golden” tomorrow.

Metro offers a training course for employees interested in retirement planning. For details, visit the Human Resources section of Metro's website at www.nashville.gov.

Service Pension Benefits

Metro's service pension plan is a retirement benefit. It is designed to reward employees who spend their working career at Metro. When you retire, the plan provides you with a monthly pension, based on your salary and years of service. The longer you work at Metro, the larger your benefit will be.

Combined with other sources of income such as Social Security and personal savings, the service pension can help you enjoy a financially secure retirement.

The plan described here is the Division B Modified Metro Plan, which took effect January 1996. About 98% of Metro employees participate in this plan. For information on other Metro pension plans, contact Human Resources.

<i>FAST FACTS</i> about Your Service Pension Benefits	
Eligibility	All full-time Metro employees after six months of continuous credited service.
Enrollment	Automatic enrollment after six months of continuous credited service.
Vesting	100% vesting after five years of credited service.
Benefit	A pension paid monthly upon retirement.
When Benefits Begin	At normal, early or deferred retirement.
Cost	No cost to you. Metro pays 100%.

Pensions belong to a class of retirement plans that guarantee participants a regular, fixed income when they retire. Pension plans are becoming less common, as employers switch to other types of plans that do not guarantee a fixed benefit. Keep this in mind when you think about the value of your Metro benefits.

Enrollment

Eligible employees are automatically enrolled in the service pension plan after six months of continuous credited service.

Cost

Metro pays 100% of the cost of the service pension plan. You make no contributions to the plan.

Vesting

Vesting is your right to receive a pension benefit from Metro. You are fully vested after five years of credited service.

If you leave Metro before vesting, you will not be eligible to receive a pension benefit (see “When Coverage Ends”). Any contributions to the plan made for you by Metro will remain in the pension fund.

Connection of Service

If you worked for Metro, left, and then returned, you may be able to connect to your prior service after a year of continuous service in your new Metro job. By connecting prior Metro service to current Metro service, you’ll receive a greater service pension benefit at your retirement. To connect your prior service, contact Metro Finance Payroll.

Calculating Your Pension Benefit

The service pension benefit for General Government employees is calculated at the flat rate of:

$$1.75\% \times \text{Final Average Earnings} \times \text{Years of Credited Service}$$

The service pension benefit for Police and Fire employees is calculated at the flat rate of:

$$\begin{aligned} &2.0\% \times \text{Final Average Earnings} \times \\ &\text{Years of Credited Service Up To 25 Years} \\ &\quad \textbf{PLUS} \\ &1.75\% \times \text{Final Average Earnings} \times \text{Years of Credited Service Over 25 Years} \end{aligned}$$

Final Average Earnings is your highest 60 consecutive months of earnings worked at Metro, divided by five (years). For example, let's say your earnings for the last 15 years were as follows:

Year	Earnings
Year 1	\$20,000
Year 2	\$21,500
Year 3	\$23,000
Year 4	\$24,500
Year 5	\$26,000
Year 6	\$27,500
Year 7	\$29,000
Year 8	\$30,500
Year 9	\$32,000
Year 10	\$33,500
Year 11	\$35,000
Year 12	\$36,500
Year 13	\$35,000
Year 14	\$33,500
Year 15	\$32,000

The highest consecutive earnings occurred in Years 10 through 14. Your total earnings during this five-year period was \$173,500. To calculate your Final Average Earnings, divide \$173,500 by five (years) = \$34,700.

Your annual normal retirement benefit is calculated by inserting the Final Average Earnings into the formula above. For example, let's say your Final Average Earnings is \$34,700 and you are a General Government employee with 25 years of credited service at retirement.

To calculate your normal retirement benefit, multiply 1.75% by \$34,700, then multiply by 25 (years of credited service) = \$15,181 per year (life annuity). To get your monthly benefit, divide by 12.

$$1.75\% \times \$34,700 \times 25 = \$15,181 \text{ per year}$$

$$\$15,181 \text{ divided by } 12 = \$1,265 \text{ per month}$$

Why different pension formulas and retirement ages? Metro's pension plan gives Police and Fire employees as well as Sheriff's Correctional Officers and Park Rangers an additional percentage for each year of service and allows them to retire earlier for good reason: On average, their jobs are more dangerous, more physically demanding, and more emotionally stressful than other government jobs. As a result, they have shorter careers. Our pension formula adjusts for that by giving Police and Fire employees the same proportion of salary at retirement as Metro employees in less stressful jobs. This is common practice in government, and has the backing and support of several federal laws.

When Service Pension Benefits Begin— Retirement Dates

You may choose to retire under the Metro service pension plan and begin receiving benefits on or after one of three retirement dates:

- normal retirement (with full benefits)
- early retirement (with reduced benefits)
- deferred retirement (with full benefits)

Normal Retirement

General Government employees qualify for normal retirement at:

- Age 60, provided your age plus years of credited service equals 85 points or more (the Rule of 85), OR
- Age 65, with at least five years of credited service

Police and Fire employees qualify for normal retirement at:

- Age 53, provided your age plus years of credited service equals 75 points or more (the Rule of 75), OR
- Age 60, with at least five years of credited service

Early Retirement

Once you have 10 years of credited service and have met the minimum age requirement for your pension plan, you may retire early and begin receiving pension payments. However, these payments will be less than the normal retirement benefit because the benefit formula is based on your working until you reach normal retirement age. If you retire early, you will not have earned your full benefit under the plan.

- General Government employees qualify for early retirement at age 50, with 10 years of credited service
- Police and Fire employees qualify for early retirement at age 45, with 10 years of credited service

If you retire early, your benefit is reduced as follows:

- 4% for each of the first five years before you reach normal retirement, and
- 8% for each additional year

Deferred Retirement

If you are vested (at least five years of credited service), you can leave your job at Metro before early or normal retirement age and receive a future pension benefit. Payment of your pension benefit will be postponed until you reach unreduced retirement age. At that time, you will receive your full pension benefit.

If you have less than five years of credited service when you leave Metro, you are not entitled to any pension benefits under the plan. Any contributions to the plan made for you by Metro will remain in the pension fund.

Your Pension and Social Security — Timing Is Everything

If you take either early or normal retirement from Metro, will you have enough money to live on comfortably before your Social Security benefits begin? Here is the current Social Security retirement age:

- Age 66 if you were born between 1943 and 1954
- During the year you reach age 66 if you were born between 1955 and 1959
- Age 67 if you were born 1960 or later

How Service Pension Benefits Are Paid

Pension benefits are paid monthly, either by direct deposit or check.

Direct deposit is a fast, convenient way to deposit your paycheck into your bank account automatically. Contact Metro Human Resources to sign up for direct deposit today.

To ensure that your pension payments begin in a timely manner, call Metro Human Resources at least 60 days in advance of your retirement date. An HR benefit representative will tell you about the application process and where to find more information to help you get started.

You can request an estimate of your future Metro pension benefit online to help you plan your retirement. Visit **www.nashville.gov** to calculate your own quick and easy estimate or call your departmental HR Coordinator for more information.

Survivor Benefits

When you retire, you can select from a number of payment options (see below). Some options provide benefits to your spouse or other beneficiary after your death. You can name anyone you want as your beneficiary — your spouse, child(ren), friend or other individual.

Survivor benefits will be paid monthly possibly for the rest of your beneficiary's life depending upon the option you choose. If you have no spouse, your dependent child(ren) may get these benefits.

Is your beneficiary information current? To confirm or change your beneficiary designation(s), call Human Resources.

NOTE: You are allowed to name different beneficiaries for your Metro life insurance and pension benefits. Be sure to confirm your beneficiary for both benefits.

Pension Payment Options

You may choose one of the following service pension payment options:

Life Annuity (normal form of payment)	Pays you the full benefit you're eligible for under the plan. You will receive your full monthly pension amount for as long as you live. Benefits stop upon your death.
Joint and 100% Survivor Option (Option A)	You receive a reduced pension at retirement, but, after your death, the same amount will be paid to your spouse (or beneficiary) for life.
Modified Joint and 50% Survivor Option (Option B)	You receive a reduced pension at retirement, but after your death, one-half of the amount of your pension will be paid to your spouse (or beneficiary) for life.
Social Security Option (Option C)	A payment option for employees who retire and do not immediately begin drawing Social Security benefits. You receive an increased monthly pension until you start drawing your Social Security benefits, then receive a reduced pension for the remainder of your life.
120 Months Certain and Life Option (Option D)	Guarantees a minimum of 120 monthly payments, with a reduced benefit. If you die before receiving 120 monthly payments, the remaining payments will be made to your designated beneficiary.
Joint and 100% Survivor Option with Pop-Up Feature (Option E)	Same as Option A, except that, if your designated beneficiary dies first, your monthly benefit will "pop up" to your life annuity amount, which you will receive for life.
Modified Joint and 50% Survivor Option with Pop-Up Feature (Option F)	Same as Option B, except that, if your designated beneficiary dies first, your monthly benefit will "pop up" to your life annuity amount, which you will receive for life.

Continuation of Health Care Insurance

While on a service pension, you can change health care plans during Annual Enrollment. However, you may only add or delete dependents within 60 days of an eligible change in status (see below).

NOTE: If you decline health care coverage at the time you retire or any time thereafter, you cannot elect it at a later date.

Eligible Change in Status

The benefits you choose at Annual Enrollment remain in effect for the entire plan year unless you have a change in family status such as:

- marriage or divorce
- death of a covered eligible dependent
- birth or adoption of a child
- change in job status for your spouse

Within 60 days of an eligible change in status, you may:

- change current benefit options, where eligible, or
- change current coverage levels, or
- add or drop eligible dependents to/from coverage

Pensioners must add dependent(s) before the 60-day deadline. Pensioner dependents cannot be added later, even during Annual Enrollment.

For a complete list of eligible changes in status and instructions on changing your benefit elections, call Metro Human Resources.

Continuation of Basic Life Insurance

When you retire from Metro and receive a service pension, your basic life insurance provided by Metro continues, but is reduced from \$50,000 to \$10,000.

Waiver of Premium

Pensioners who are under age 60 and disabled, and who meet medical criteria set by the insurance carrier, may be eligible for a waiver-of-premium policy under Metro's Basic Life Insurance Plan. The waiver provides pensioners, at no cost to them, with life insurance coverage of \$50,000 (the amount they have as active employees). At age 65, the life insurance coverage decreases to \$10,000. To see if you qualify, you must submit an application within two years of becoming disabled, along with medical documentation, to the insurance carrier.

Pensioners not approved for the waiver are eligible for \$10,000 of basic life insurance coverage.

Conversion Rights

When you retire, you have the option to convert to an individual whole life or universal life policy for any amount up to \$40,000. If at retirement, you were enrolled in supplemental life insurance, you may elect to convert your supplemental term-life coverage to an individual policy in the amount of \$10,000 or \$20,000. For more information, contact the insurance carrier.

Social Security and Medicare Benefits

The federal government provides Social Security income and Medicare benefits to pensioners who meet certain requirements.

<i>FAST FACTS</i> about Social Security Benefits	
Purpose	Provides a basic level of retirement and disability income.
Eligibility	All Metro employees (regular and part-time).
Participation	Required by federal law.
Enrollment	Automatic when you join Metro.
Benefit	A monthly payment to you or your eligible dependent(s).
Benefits Begin	When you retire or become disabled.

Social Security Alone Will Not Be Enough

Most financial experts agree that, to live comfortably in retirement, you should have an income equal to 70% to 80% of your working salary. Social Security will account for only a portion of what you'll need in retirement. Your personal savings and Metro pension will have to make up the rest. Have you started saving? It's never too late.

Social Security Benefits

Social Security pays you a regular monthly benefit when you retire, become disabled or die. Your dependents may also be eligible for Social Security benefits when you retire, become disabled or die. When combined with your Metro service pension, personal savings, and other sources of retirement income, your Social Security benefits can help you enjoy a financially secure future.

Eligibility

All Metro employees hired after 1963 are required by federal law to contribute to Social Security and are therefore eligible for this benefit.

When Social Security Benefits Begin

Generally speaking, you can retire at any time from age 62 up to age 70. However, if you choose to begin receiving benefits before your full retirement age (see table below), your benefits will be reduced to account for the longer period over which you'll be paid. How much your benefit will be reduced is based on how many months younger you are than your full retirement age. If you retire later than your full retirement age, your benefits will be higher.

Birth Year	Full Retirement Age
1937 or earlier	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

Applying for Social Security Benefits

Generally, you should apply for Social Security retirement benefits three months before you want your benefits to begin. You can apply for your Social Security benefits in three ways:

- online at **www.ssa.gov**
- over the phone
- in person at your local Social Security office

Social Security and Your Metro Pension

Metro's service pension benefits and Social Security benefits are independent of one another — that is, the amount you get from one will not be reduced by the other. Metro does, however, allow you to choose a payment option that coordinates with Social Security (See Pension Payment Options section).

Disability benefits, which are provided under Metro's pension plan, are reduced if you qualify to receive Social Security disability benefits. However, your combined disability benefit from Metro and Social Security may actually be greater than your disability benefit from Metro alone. (For an example of how Metro and Social Security disability benefits work together, see "Disability Pension Benefits" under the Income Protection section of this binder.)

Working While Getting Social Security Benefits

You can still work and receive Social Security benefits. However, if you have not reached your full Social Security retirement age, a portion of your Social Security benefit — up to a certain limit — will be reduced to adjust for earnings from your job. The amount of reduction depends on your age.

Annual Social Security Earnings Statements

The Social Security Administration provides annual earnings statements that can play an important role in your financial planning. The statement can help you make sure that your reported earnings and other important information are correct. Mistakes could keep you from getting all the Social Security benefits you have earned. Contact your local Social Security Administration Office if any information on your statement is not accurate.

Medicare Benefits

In addition to Social Security, you may qualify for Medicare. There are two parts to Medicare:

- hospital insurance (also called Medicare Part A)
- medical insurance (also called Medicare Part B)

Eligibility

Generally, people over age 65 who are getting Social Security automatically qualify for Medicare. So do people who have been getting disability benefits for two years.

Medicare Part A

The cost of Medicare Part A is paid by a portion of Social Security taxes. Part A helps pay for in-patient hospital care, skilled nursing care, and other hospital services.

Medicare Part B

The cost of Medicare Part B is paid by monthly premiums from those enrolled. Part B helps pay for doctor fees, outpatient care, and medical services and supplies. Metro's insurance is specifically designed to work with Medicare Parts A and B. This coordination is one reason Metro retirees have quality medical insurance that many other retirees do not have. When you need care, Medicare pays its share (doctors and hospital bills) and Metro's insurance pays its share (prescriptions and the other bills Medicare doesn't cover). That's also the reason you get a big discount on your Metro insurance once Medicare kicks in. Medicare and Metro's insurance combine to give you a level of coverage comparable to what you enjoyed as an employee.

Although Part B is optional under Social Security, Metro **requires that you enroll in Part B** when you are first eligible for it. If you are eligible for Medicare Part B but do not elect it, your medical claims will be processed as if you do have Part B and you will be responsible for at least 80% of all your medical bills. By not electing Part B, you may be responsible for a substantial portion of your claims.

Applying for Medicare Benefits

You should sign up for Medicare three months before you reach age 65, even if you don't plan to receive retirement benefits right away. For more information, contact your local Medicare office (see the U.S. Government section of your local phone book for the office nearest you).

Critical Alert

Effective October 1, 1993, all pensioners and their spouses who turn 65 are sent a card from Medicare that explains Medicare Parts A and B. If you return the card, you decline Parts A and B coverage. Do not return the card. (If you have previously returned the card and declined coverage, please contact Medicare.)

When you elect Medicare Parts A and B, your Medicare premiums will be automatically deducted from your Social Security check, and your Metro pension will be adjusted to cover the majority of those premium costs. Once you have both Parts A and B, you must send Metro Human Resources a copy of your Medicare card or Social Security acknowledgement letter so that we can adjust your premiums.

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Your Metro Benefits in Brief

Health benefits help you pay for care to prevent and treat illness and maintain good health.	<ul style="list-style-type: none">• Medical insurance• Dental insurance• Mental health / substance abuse insurance• Optional vision insurance
Income protection benefits replace a portion of your Metro pension if you become too sick or if you die.	<ul style="list-style-type: none">• Basic life insurance• Disability pension• Optional long-term care insurance
Retirement benefits provide you with regular income when you retire from work.	<ul style="list-style-type: none">• Service Pension Plan

The Value of Your Metro Benefits

Benefits are an important part of your total compensation at Metro. The cost of providing them to you amounts to about 25% to 30% of your annual Metro pay. You pay for a portion of your health benefits. On certain other important benefits — such as employee dental, basic life insurance, and disability pension — Metro bears the full cost. Metro provides you the opportunity to purchase additional insurance at group rates.

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Retirement Benefits Contacts

Benefit	Website	Phone
Service Pension and Retiree Medical	www.nashville.gov	(615) 862-6700
Social Security and Medicare Benefits	www.ssa.gov (Social Security and Medicare website)	See U.S. Government section of phone book for your local Social Security Administration office

Service Pension Benefits

Metro's service pension plan is a retirement benefit. It is designed to reward employees who spend their working career at Metro. When you retire, the plan provides you with a monthly pension, based on your salary and years of service. The longer you work at Metro, the larger your benefit will be.

Combined with other sources of income such as Social Security and personal savings, the service pension can help you enjoy a financially secure retirement.

The plan described here is the Division A Metro Plan. For information on other Metro pension plans, contact Metro Human Resources.

<i>FAST FACTS</i> about Your Service Pension Benefits	
Eligibility	Employees who elected to remain in Division A. as of January 1, 1996.
Vesting	All employees in Division A are now vested.
Benefit	A pension paid monthly upon retirement.
When Benefits Begin	At normal, early or deferred retirement.
Cost	No cost to you. Metro pays 100%.

Pensions belong to a class of retirement plans that guarantee participants a regular, fixed income when they retire. Pension plans are becoming less common, as employers switch to other types of plans that do not guarantee a fixed benefit. Keep this in mind when you think about the value of your Metro benefits.

Cost

Metro pays 100% of the cost of the service pension plan. You make no contributions to the plan.

Vesting

Vesting is your right to receive a pension benefit from Metro. You are fully vested after five years of credited service. All employees enrolled in Division A are vested.

Connection of Service

If you worked for Metro, left, and then returned, you may be able to connect to your prior service after a year of continuous service in your new Metro job. By connecting prior Metro service to current Metro service, you'll receive a greater service pension benefit at your retirement. To connect your prior service, contact Metro Finance Payroll.

When Service Pension Benefits Begin— Retirement Dates

You may choose to retire under the Metro service pension plan and begin receiving benefits on or after one of three retirement dates:

- normal retirement (with full benefits)
- early retirement (with reduced benefits)
- deferred retirement (with full benefits)

Normal Retirement

General Government employees qualify for normal retirement at age 65. Police and Fire employees qualify for normal retirement at age 55 with at least 20 years of service.

Early Retirement

Once you have 20 years of credited service and have met the minimum age requirement for your pension plan, you may retire early and begin receiving pension payments. However, these payments will be less than the normal retirement benefit because the benefit formula is based on your working until you reach normal retirement age. If you retire early, you will not have earned your full benefit under the plan and your pension benefit will be reduced.

- General Government employees qualify for early retirement at age 55, with 20 years of credited service
- Police and Fire employees qualify for early retirement at age 50, with 20 years of credited service

Deferred Retirement

If you are vested, you can leave your job at Metro before early or normal retirement age and receive a future pension benefit. Payment of your pension benefit will be postponed until you reach unreduced retirement age. At that time, you will receive your full pension benefit.

Calculating Your Pension Benefit

For an estimate of your service pension benefits, contact Metro Human Resources.

Why different pension formulas and retirement ages? Metro's pension plan gives Police and Fire employees as well as Sheriff's Correctional Officers and Park Rangers an additional percentage for each year of service and allows them to retire earlier for good reason: On average, their jobs are more dangerous, more physically demanding, and more emotionally stressful than other government jobs. As a result, they have shorter careers. Our pension formula adjusts for that by giving Police and Fire employees the same proportion of salary at retirement as Metro employees in less stressful jobs. This is common practice in government, and has the backing and support of several federal laws.

Your Pension and Social Security — Timing Is Everything

If you take either early or normal retirement from Metro, will you have enough money to live on comfortably before your Social Security benefits begin? Here is the current Social Security retirement age:

- Age 66 if you were born between 1943 and 1954
- During the year you reach age 66 if you were born between 1955 and 1959
- Age 67 if you were born 1960 or later

How Service Pension Benefits Are Paid

Pension benefits are paid monthly, either by direct deposit or check.

Direct deposit is a fast, convenient way to deposit your paycheck into your bank account automatically. Contact Metro Human Resources to sign up for direct deposit today.

To ensure that your pension payments begin in a timely manner, call Metro Human Resources at least 60 days in advance of your retirement date. An HR benefit representative will tell you about the application process and where to find more information to help you get started.

You can request an estimate of your future Metro pension benefit by calling your departmental HR Coordinator for more information.

Survivor Benefits

When you retire, you can select from a number of payment options (see below). Some options provide benefits to your spouse or other beneficiary after your death. You can name anyone you want as your beneficiary — your spouse, child(ren), friend or other individual.

Survivor benefits will be paid monthly possibly for the rest of your beneficiary's life depending upon the option you choose. If you have no spouse, your dependent child(ren) may get these benefits.

Is your beneficiary information current? To confirm or change your beneficiary designation(s), call Metro Human Resources.

NOTE: You are allowed to name different beneficiaries for your Metro life insurance and pension benefits. Be sure to confirm your beneficiary for both benefits.

Pension Payment Options

You may choose one of the following service pension payment options:

Life Annuity (normal form of payment)	Pays you the full benefit you're eligible for under the plan. You will receive your full monthly pension amount for as long as you live. Benefits stop upon your death.
Joint and 100% Survivor Option (Option A)	You receive a reduced pension at retirement, but, after your death, the same amount will be paid to your spouse (or beneficiary) for life.
Modified Joint and 50% Survivor Option (Option B)	You receive a reduced pension at retirement, but after your death, one-half of the amount of your pension will be paid to your spouse (or beneficiary) for life.
Social Security Option (Option C)	A payment option for employees who retire and do not immediately begin drawing Social Security benefits. You receive an increased monthly pension until you start drawing your Social Security benefits, then receive a reduced pension for the remainder of your life.
120 Months Certain and Life Option (Option D)	Guarantees a minimum of 120 monthly payments, with a reduced benefit. If you die before receiving 120 monthly payments, the remaining payments will be made to your designated beneficiary.
Joint and 100% Survivor Option with Pop-Up Feature (Option E)	Same as Option A, except that, if your designated beneficiary dies first, your monthly benefit will "pop up" to your life annuity amount, which you will receive for life.
Modified Joint and 50% Survivor Option with Pop-Up Feature (Option F)	Same as Option B, except that, if your designated beneficiary dies first, your monthly benefit will "pop up" to your life annuity amount, which you will receive for life.

Continuation of Health Care Insurance

While on a service pension, you can change health care plans during Annual Enrollment. However, you may only add or delete dependents within 60 days of an eligible change in status (see below).

NOTE: If you decline health care coverage at the time you retire or any time thereafter, you cannot elect it at a later date.

Eligible Change in Status

The benefits you choose at Annual Enrollment remain in effect for the entire plan year unless you have an eligible change in status such as:

- marriage or divorce
- death of a covered eligible dependent
- birth or adoption of a child
- change in job status for your spouse

Within 60 days of an eligible change in status, you may:

- change current benefit options, where eligible, or
- change current coverage levels, or
- add or drop eligible dependents to/from coverage

Pensioners must add dependent(s) before the 60-day deadline. Pensioner dependents cannot be added later, even during Annual Enrollment.

For a complete list of eligible changes in status and instructions on changing your benefit elections, call Metro Human Resources.

Continuation of Basic Life Insurance

When you retire from Metro and receive a service pension, your basic life insurance provided by Metro continues, but is reduced from \$50,000 to \$10,000.

Waiver of Premium

Pensioners who are under age 60 and disabled, and who meet medical criteria set by the insurance carrier, may be eligible for a waiver-of-premium policy under Metro's Basic Life Insurance Plan. The waiver provides pensioners, at no cost to them, with life insurance coverage of \$50,000 (the amount they have as active employees). At age 65, the life insurance coverage decreases to \$10,000. To see if

you qualify, you must submit an application within two years of becoming disabled, along with medical documentation, to the insurance carrier.

Pensioners not approved for the waiver are eligible for \$10,000 of basic life insurance coverage.

Conversion Rights

When you retire, you have the option to convert to an individual whole life or universal life policy for any amount up to \$40,000. If at retirement, you were enrolled in supplemental life insurance, you may elect to convert your supplemental term-life coverage to an individual policy in the amount of \$10,000 or \$20,000. For more information, contact the insurance carrier.

Social Security and Medicare Benefits

The federal government provides Social Security income and Medicare benefits to pensioners who meet certain requirements.

<i>FAST FACTS</i> about Social Security Benefits	
Purpose	Provides a basic level of retirement and disability income.
Eligibility	All Metro employees (regular and part-time).
Participation	Required by federal law.
Enrollment	Automatic when you join Metro.
Benefit	A monthly payment to you or your eligible dependent(s).
Benefits Begin	When you retire or become disabled.

Social Security Alone Will Not Be Enough

Most financial experts agree that, to live comfortably in retirement, you should have an income equal to 70% to 80% of your working salary. Social Security will account for only a portion of what you'll need in retirement. Your personal savings and Metro pension will have to make up the rest. Have you started saving? It's never too late.

Social Security Benefits

Social Security pays you a regular monthly benefit when you retire, become disabled or die. Your dependents may also be eligible for Social Security benefits when you retire, become disabled or die. When combined with your Metro service pension, personal savings, and other sources of retirement income, your Social Security benefits can help you enjoy a financially secure future.

Eligibility

All Metro employees hired after 1963 are required by federal law to contribute to Social Security and are therefore eligible for this benefit.

When Social Security Benefits Begin

Generally speaking, you can retire at any time from age 62 up to age 70. However, if you choose to begin receiving benefits before your full retirement age (see table below), your benefits will be reduced to account for the longer period over which you'll be paid. How much your benefit will be reduced is based on how many months younger you are than your full retirement age. If you retire later than your full retirement age, your benefits will be higher.

Birth Year	Full Retirement Age
1937 or earlier	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

Applying for Social Security Benefits

Generally, you should apply for Social Security retirement benefits three months before you want your benefits to begin. You can apply for your Social Security benefits in three ways:

- online at **www.ssa.gov**
- over the phone
- in person at your local Social Security office

Social Security and Your Metro Pension

Metro's service pension benefits and Social Security benefits are independent of one another — that is, the amount you get from one will not be reduced by the other. Metro does, however, allow you to choose a payment option that coordinates with Social Security (See Pension Payment Options section).

Disability benefits, which are provided under Metro's pension plan, are offset dollar for dollar if you qualify to receive Social Security disability benefits. However, your combined disability benefit from Metro and Social Security may actually be greater than your disability benefit from Metro alone.

Working While Getting Social Security Benefits

You can still work and receive Social Security benefits. However, if you have not reached your full Social Security retirement age, a portion of your Social Security benefit — up to a certain limit — will be reduced to adjust for earnings from your job. The amount of reduction depends on your age.

Annual Social Security Earnings Statements

The Social Security Administration provides annual earnings statements that can play an important role in your financial planning. The statement can help you make sure that your reported earnings and other important information are correct. Mistakes could keep you from getting all the Social Security benefits you have earned. Contact your local Social Security Administration Office if any information on your statement is not accurate.

Medicare Benefits

In addition to Social Security, you may qualify for Medicare. There are two parts to Medicare:

- hospital insurance (also called Medicare Part A)
- medical insurance (also called Medicare Part B)

Eligibility

Generally, people over age 65 who are getting Social Security automatically qualify for Medicare. So do people who have been getting disability benefits for two years.

Medicare Part A

The cost of Medicare Part A is paid by a portion of Social Security taxes. Part A helps pay for in-patient hospital care, skilled nursing care, and other hospital services.

Medicare Part B

The cost of Medicare Part B is paid by monthly premiums from those enrolled. Part B helps pay for doctor fees, outpatient care, and medical services and supplies. Metro's insurance is specifically designed to work with Medicare Parts A and B. This coordination is one reason Metro retirees have quality medical insurance that many other retirees do not have. When you need care, Medicare pays its share (doctors and hospital bills) and Metro's insurance pays its share (prescriptions and the other bills Medicare doesn't cover). That's also the reason you get a big discount on your Metro insurance once Medicare kicks in. Medicare and Metro's insurance combine to give you a level of coverage comparable to what you enjoyed as an employee.

Although Part B is optional under Social Security, Metro **requires that you enroll in Part B** when you are first eligible for it. If you are eligible for Medicare Part B but do not elect it, your medical claims will be processed as if you do have Part B and you will be responsible for at least 80% of all your medical bills. By not electing Part B, you may be responsible for a substantial portion of your claims.

Applying for Medicare Benefits

You should sign up for Medicare three months before you reach age 65, even if you don't plan to receive retirement benefits right away. For more information, contact your local Medicare office (see the U.S. Government section of your local phone book for the office nearest you).

Critical Alert

Effective October 1, 1993, all pensioners and their spouses who turn 65 are sent a card from Medicare that explains Medicare Parts A and B. If you return the card, you decline Parts A and B coverage. Do not return the card. (If you have previously returned the card and declined coverage, please contact Medicare.)

When you elect Medicare Parts A and B, your Medicare premiums will be automatically deducted from your Social Security check, and your Metro pension will be adjusted to cover the majority of those premium costs. Once you have both Parts A and B, you must send Metro Human Resources a copy of your Medicare card or Social Security acknowledgement letter so that we can adjust your premiums.